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### DR. MATTSOON ON THE CURABILITY OF CONSUMPTION,

CONSIDERED IN REFERENCE TO A NEW METHOD OF ASCERTAINING THE HEALTHY OR DISEASED CONDITION OF THE LUNGS.

[Concluded from page 435.]

**THE VITAL CAPACITY IN DISEASE.**—Here it is that the discoveries which form the subject of this article, are entitled to the highest consideration, for if tubercles of the lungs can be detected before any serious inroads have been made upon the constitution, it will be the first great step towards the successful treatment of consumption. If Laennec is entitled to immortality for discovering the physical signs of phthisis at a period of the malady when its existence is rendered almost equally apparent by the constitutional disturbance, Dr. Hutchinson is certainly entitled to an equal immortality for discovering a method whereby we can detect the disease before any constitutional disturbances have ensued. In the one case all remediate measures will prove more or less uncertain, though not necessarily unsuccessful, even though a cavity may have formed in the lungs, as we shall presently show; in the other case, a judicious routine of treatment, with proper attention to diet, exercise, &c., will, in the majority of instances, be crowned with complete success, and the mortality of consumption be thereby limited to an inconsiderable proportion of the general mortality.

We have examined a large number of consumptive patients, and have found no one thing in practice more constant or invariable than a diminished vital capacity. About this there can be no question. The diminution varies from 10 or 15 to 150 or more cubic inches of air, according to the extent of the disease. Whatever the diminution may be, it is clearly indicated by the spirometrical scale, so that we may at all times estimate the changes which are going on in the lungs. It is surprising to what an extent the respiratory functions are sometimes impaired, notwithstanding the patient is comparatively comfortable, and enabled to take his accustomed daily exercise. I have frequently examined patients in the advanced stages of phthisis, who could not breathe out more than 60 or 70 cubic inches of air, instead of 200 or perhaps 250 cubic inches, and yet they could walk a long distance without difficulty. In some instances I have known the quantity of expired air to be even less than 50 cubic inches.

Judging from our own observations, we are induced to believe that tubercles of the lungs, unaccompanied by any constitutional signs, are of very frequent occurrence, especially in New England. We have frequently examined ladies and gentlemen in whom we found a deficient, if not a low vital capacity, and yet they have assured us that they enjoyed very excellent health. Still it has generally appeared that they belonged to a consumptive family, or that at some previous period they had been threatened with disease of the lungs. The frequent existence of latent pulmonary tubercles, however, as determined by the new method of diagnosis, is in accordance with a great many well-known facts. Dr. Wm. Addison, F.R.S., in a communication to the London Lancet, says:—"Of the numerous apparently healthy lungs which I have examined, I have found tubercles in about one third. In their early state they escape notice, unless searched for with a lens in very thin sections, gently extended upon a dark back-ground." Sir Charles Scudamore says:—"It is a remarkable circumstance, that in some cases the lungs have for a long time tolerated the presence of tubercles, without affording the characteristic signs of their presence—without cough being induced, or symptoms of pulmonary irritation of any kind having occurred." The same writer speaks of occasional instances of persons in health dying from some sudden accident, in whom a post-mortem disclosed the existence of tubercles in the lungs. He also says that *numerous authors* have made a *similar* statement.

In an interesting letter which we had the pleasure of receiving from Dr. Hutchinson, he speaks incidentally of loss of weight as one of the early symptoms of phthisis; and though this is without doubt a very clear indication of the commencement of constitutional disturbance, yet we are disposed to re-affirm that pulmonary tubercles exist in almost innumerable instances without being accompanied by any perceptible disturbance of the system. As it respects loss of weight in relation to tubercles of the lungs, we may add a few additional words in illustration.

We have just examined a lad 13 years old, who is growing rapidly, and increasing every day in weight, and yet he has a deficient vital capacity. Cases of this kind are by no means rare.

Mrs. J——, recently from Ohio, breathes out only 98 cubic inches of air, instead of 196 cubic inches, which would be the healthy quantity, making some deduction for age. And yet her health is now excellent, and her weight greater than at any previous period of her life, having gained five pounds within the last four months. She suffered much with scrofula in early life.

We treated a Miss D—— last winter, whose right lung was extensively excavated, and whose vital capacity was only 60 cubic inches, being reduced more than two thirds below the healthy standard, and yet in the course of six weeks she gained 4½ lbs. She afterwards died very suddenly of hemoptysis.

About the same time we treated a Mr. H., who had lost 20 lbs. in weight, and whose vital capacity was 70 cubic inches below the healthy standard. Besides this, his lungs were somewhat excavated. At the

end of three months he had gained 9½ lbs., and his vital capacity had increased 10 cubic inches.

I will also mention the case of Mr. Richardson, one of our well-known city watchmen, who applied to me in May, 1849, with a severe cough, hurried breathing, and other symptoms indicating disease of the lungs. He was also losing weight rapidly. The respiratory murmur was deficient over a considerable portion of one lung. Everybody said he was in a "galloping consumption," and that he would die in less than three months, and this would certainly have been the case had he taken a tithe of the abominable nostrums which were urged upon him by his "excellent friends." But his better judgment preserved him from the quackery by which thousands of poor consumptives are annually brought to a premature grave. I "truncated his uvula," to use a fashionable surgical phrase, because it was elongated; made some argentine applications to his throat, and adopted what I considered to be a suitable routine of alternative treatment. In a month he was very much improved, and in the following August he could lift a barrel of flour at arms length. His health was never better, and his weight had so increased that it *exceeded* that of any other period of his life. And yet, notwithstanding this, his vital capacity was considerably below the healthy standard as indicated by his stature. He continues to enjoy firm health up to the present time.

The thoracic movements of the chest are always more or less restricted in tuberculous disease of the lungs, and this diminution of chest mobility is in correspondence with the diminished vital capacity, so that the one is a significant type of the other; and it would seem that the diminished quantity of air expired in phthisis, from some singular law of the respiratory functions not yet understood, is more the result of the restricted movements of the chest, or rather is more in correspondence with this diminished mobility, than with the cubic inches of space occupied by the tuberculous deposits. These limited thoracic movements are curiously associated with tuberculous disease of the lungs, and do not seem to be produced by local or general debility of the muscular system alone. I examined a gentleman a year ago, who applied to me, and who was very pale, somewhat emaciated, and greatly debilitated, having been almost worn out by his disease. His physicians had regarded his case as one of an anomalous character. Notwithstanding his debility, I found he had a healthy vital capacity, and being thus assured with regard to his lungs, I made a further examination of his case, and found that his symptoms grew out of a diseased state of his kidneys. The treatment being directed to the renal disorder, I was enabled in a few months to restore him to very excellent health. The spirometrical examinations are of great importance in many similar cases, where the state of the lungs is doubtful.

*Testimony in favor of the New Method.*—Although we repose very great confidence in the method here specified in diagnosing tuberculous disease of the lungs, we know very well that the medical profession are sometimes disposed to be a *little* skeptical about any new doctrine or discovery which may be presented to them for consideration, and therefore,

in order to do as full justice as possible to Dr. Hutchinson, we will venture to call attention very briefly to the report of the Hospital for Consumption, &c., in Brompton, Eng., which was issued by the physicians of the institution in 1849. The report says:—

“Not a few instances occur in which, although there are some reasons for suspecting the presence of tubercular deposit, yet the physical signs are either absent, or so indistinct that the most experienced observers can scarcely detect them. Under these circumstances, additional means of diagnosis are obviously desirable; and the medical officers felt it their duty to avail themselves of the opportunity afforded by the large number of phthisical patients under their charge, to test the value of all modern means suggested for detecting the disease in its early stage.”

Dr. Hutchinson attended at the Hospital for several months for the purpose of making spirometrical observations, and his labors are spoken of in terms of high commendation.

Alluding to the statistical tables contained in the report, the writers say—“It is interesting to observe how evidently they establish the fact, that the spirometer gives distinct indications at an early period of the malady, and that these indications become more obvious in proportion to the progress of the disease.”

The report further says—“In various individuals in whom there were circumstances calculated to excite some suspicion of the existence of disease, the favorable indications furnished by the spirometer have enabled the medical officers to pronounce an encouraging opinion, which, in the sequel, has been confirmed.”

In these general remarks, the obvious truth must not be overlooked, that the amount of expired air may be diminished by other causes than tuberculous disease of the lungs, such as pneumonia, emphysema, hernia, rupture of the membrana tympani (unless the ears be closed during the observation), abdominal tumors, ascites, and aortic aneurisms. I examined a lady a few days ago with a very large abdominal tumor followed by effusion into the peritoneal cavity, and she could only breathe out 100 cubic inches of air, which was very little more than half of the quantity indicated by her stature. Her lungs were apparently healthy. The causes specified all tend to interfere with the thoracic movements, and consequently to diminish the vital capacity. Cases of this kind must be accurately estimated by the physician, before he gives his opinion; but we are not to depreciate the great value of spirometrical observations, because they are not always infallible, any more than we would depreciate the value of the stethoscope in various pulmonary and cardiac diseases because it is insufficient to detect tubercular deposits in the lungs at an early period of their existence.

*Is Consumption Curable?*—This question, deeply interesting as it is, we are compelled, for want of space, to consider very briefly. There are two stages of the disease which require to be noticed; one in which unsoftened tubercles exist, and the other in which tubercles have softened and been followed by cavities in the lungs. With regard to the latter, we had the encouraging testimony of Laennec long ago. He made post-mortem examinations of five persons who died of other diseases



than consumption, and in every instance cavities or tubercular excavations were found cicatrized or healed. Hence, this great physician was disposed to admit that "nature does sometimes exert a curative process in cases of consumption which are apparently hopeless." The writings of Andral, Cruveilhier, Stokes and Williams, abound in cases similar to those mentioned by Laennec. "The more recent researches of Rogée and Boudet in Paris, and J. H. Bennet in Edinburgh, have shown, from indiscriminate examination in large hospitals, that puckerings, cicatrices, cretaceous concretions, and other evidences of former tubercle in the lungs, occur in at least one third of all the individuals who die after the age of forty" in England. Boudet\* mentions that in the post-mortem examinations of 45 subjects, between 3 and 15 years old, he had observed the cure of consumption in twelve cases. He has furnished a great deal of similar testimony, with which we shall not burthen the reader. Why, it may be asked, should it be said that consumption is incurable, with such overwhelming testimony as this upon the subject—testimony the more valuable inasmuch as it does not relate to a few isolated cases of cure merely, but to a vast number of cases.

*Absorption of Tubercles.*—The supposition that pulmonary tubercles may be absorbed, has been regarded as a rank heresy until recently, and we are not aware that the proposition is received with general favor even now. But what is the truth—what is the testimony in relation to this matter? M. Lombard says very emphatically that "the absorption of tubercles is very probable." Boudet, of Paris, already quoted, says—"In 116 individuals, aged between 15 and 76 years, tubercles in the lungs or bronchial glands had wholly disappeared in 61." Dr. Turnbull, in the London Journal of Medicine, says that the results of treatment seem to show that tubercles may be removed by absorption, and though this has been questioned, he suggests that the facts which he has still to adduce will tend still further to remove any doubt on this point.

M. Coster made some experiments on dogs and rabbits with a view to the production as well as absorption of tubercles. He confined the animals in a dark place, exposed to a damp, uncongenial atmosphere, where they could take no exercise. Those fed upon their ordinary diet became ill, and generally tuberculous, but not one of those fed on feruginous bread presented a trace of tubercles. M. Coster concluded from his experiments that "it is probable, even in the face of predisposing causes, to prevent the development of the tubercular diathesis," and that "even where the formation of tubercles has commenced, their progress may, in a great number of cases, be arrested."

The question of absorption either by the lymphatics or bloodvessels, I shall leave untouched for the present. Facts are always preferable to theories, unless the theories grew incontestibly out of the facts; and if it be shown that tubercles have disappeared, it will not be difficult to show that they have disappeared by absorption. We see enlargement of the thyroid gland disappearing from the action of iodine and other remedies which promote absorption. But this does not excite our won-

der. We are constantly noticing the disappearance of scrofulous tumors from the necks of children, which in some instances are carried off rapidly by absorption. Neither does this excite our wonder, because it is an every-day occurrence; but if the question should arise as to whether a similar albuminous deposit in the lungs can be removed by absorption, we would hesitate to answer for fear we might interfere with some preconceived opinion, or disturb some favorite and long-cherished hypothesis. Why, indeed, should the lungs prove an exception to other organs, as it respects the power of absorption, when they are characterized by such extraordinary functional activity, and are the laboratory, so to speak, in which such wonderful changes are constantly being wrought in the circulating fluid, and without which life itself would continue but for an instant?

*The Principles of Cure.*—A word only on this subject—for we have already greatly exceeded our proposed limits. It is apparent that the formation of tubercles is but a secondary effect, having its origin in some pre-existing derangement of the system, of which we are more or less ignorant. The atmosphere, no doubt, has a predisposing influence, or why is it that the disease is so prevalent in the temperate regions of Europe and North America, while it is said not to make its appearance in many portions of Southern America. Is this owing, in the former case, to some organic matters floating in the air, as suggested by Linnaeus? or to some peculiar miasm which is not appreciable to the chemist? or is it dependent upon certain hygrometrical or electrical conditions of the atmosphere of which we have no adequate knowledge? A hurricane in Barbadoes in 1780, according to Sir Gilbert Blane, so changed the atmosphere, that many who were laboring under incipient consumption soon recovered, and others in the more advanced stages of the disease were freed from the most of their symptoms.

The blood in phthisis is worthy of a moment's consideration, for it undergoes important changes, and a single glance at a consumptive patient assures us that this fluid has been deprived to a greater or less extent of an important ingredient, namely, the red globules. With this decrease of red globules there is an increase of fibrine. It may be, too, that in health the arterial and venous blood have different electrical relations, and that when the harmony of this electrical balance is disturbed by the invasion of disease, the capillary vessels of the lungs, or other organs, are in a condition to pour out tuberculous matter and thus form tuberculous deposits.

The constitutional disturbances which accompany or precede the development of consumption, may usually be traced to disorder of the liver, kidneys, stomach or intestines, or perhaps to several of these organs combined. If this is carefully diagnosed at a sufficiently early period, and properly treated, there need be but little apprehension of pulmonary disease. Disorder of the kidneys, I may add, is too much overlooked in medical practice, especially in this country, and is a fruitful source of mischief to the whole system; for if these organs do not perform their functions in a healthful manner, the blood will not be sufficiently depurated, and the lungs are in danger of being brought within

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the sphere of the disturbing influence. It is a very common thing in practice to examine the tongue with a great deal of nicety, and to question the patient very minutely as to the alvine dejections, while the renal secretion is entirely overlooked as unworthy of notice. A chemical examination of the urine is frequently of great importance in determining the routine of treatment which should be adopted. It may here be remarked, as a curious fact, that in oxalic urine, patients are very apt to imagine that they have consumption, notwithstanding their lungs are perfectly healthy. I examined a gentleman last summer who was persuaded that he was a victim of consumption, but I assured him that his lungs could not be diseased, inasmuch as he had a healthy vital capacity. He then told me that he had been examined by several physicians with the stethoscope, and that each one had told him that there was no disease of his lungs, but he was persuaded, nevertheless, that we were all mistaken in his case. Upon examination of his urine soon after, copious crystals of the oxalate of lime were detected. It is also a curious fact that in Boston and vicinity, however it may be in other localities, oxalate of lime crystals are very frequent in the urine at particular seasons, while at other periods they are rarely to be found.

It is no new doctrine that expansion or enlargement of the capillaries is one of the characteristics of chronic disease. Upon what this expansion depends, we will not pause to inquire. In pulmonary tubercles we have without doubt this expanded state of the capillaries of the lungs; and the undue afflux of blood into them is favorable to the albuminous deposit constituting tubercle. All this may occur without inflammation; but it is analogous to what we see in inflammation, for it is now generally conceded that this is an exciting cause of tubercles. Hence the advice of M. Lombard, that inflammations should be guarded against with the greatest care, or arrested as promptly as possible. The same remarks are applicable to passive congestions. Bronchitis and pleuritis also predispose to tubercles, and in each of these cases there is an undue determination of blood to the lungs. We have an apparently beautiful exemplification of this law in the development of tubercles in children, which, it would seem, corresponds with certain physical developments of the body. In the new-born infant, for example, the head is inordinately developed; as childhood advances, the abdominal organs acquire the preponderance; and later than this, the maximum development is to be found in the chest. These successive developments, it need scarcely be said, are accompanied by a corresponding degree of functional and vascular activity; and it is in this order of physical development that tubercles make their appearance, being prone in infancy to invade the brain, next the abdominal viscera, and last of all the lungs. It is said that tubercles of the lungs are exceedingly rare before birth, and we know that these organs are but slightly developed at that period.

The expansion of the capillaries in tuberculous disease being admitted, the principles of treatment must be obvious. We must employ remedies that will favor the contraction of the capillaries, without, at the same time, making any morbid impression on the general system, and

we will thereby obviate one of the primary conditions which is essential to the tuberculous deposit. There is nothing new or extraordinary in this, for we accomplish the same thing in the treatment of goitre by the use of iodic and other preparations, as already hinted, and we find the expanded capillaries which ramify in the enlarged gland becoming contracted, and the cure taking place by the slow and certain process of absorption. The selection and adaptation of remedies to the cure of tuberculosis we have not space to dwell upon here.

If *fevers or inflammations* should arise, we feel persuaded that they should not be treated by bloodletting, inasmuch as the abstraction of blood, according to Simon, tends to alter the composition of that fluid in a remarkable manner, not much diminishing the albumen, but greatly diminishing the red globules. Here, then, is a condition of the blood highly favorable to the development of tuberculous disease, and ought not, as a matter of course, to be produced by artificial means.

*Diseases of the throat* should be speedily cured by proper local and general treatment, which can now be accomplished with comparative ease; for if too long neglected, they are liable to extend to the lungs and render active the pre-existing tuberculous disease, which, apart from this, might remain latent for years. A great many cases of consumption are developed in this way; for any irritation or inflammation of the lungs, as we have already said, favors the production of tubercles. There is a morbid condition of the tonsils independently of enlargement or hypertrophy, which should not be overlooked, as excision is indispensable before the throat can be brought into a healthy condition by topical remedies. We have some very curious philosophy with regard to disease of the tonsils. A noted quack, who is more famous for the number of circulars which he scatters about in steamboats and rail-road cars, than for the cures which he performs, has written a book in which he says it is highly dangerous to have the tonsils removed, and yet we have known this sage Esculapius in several instances to send his patients to some surgeon or physician to have their tonsils removed, because, forsooth, he probably had not the skill or ability to perform the operation himself. So much for his consistency—and we merely mention the fact to show how far a charlatan will go in his efforts to deceive the public. We have known some very sensible people to be influenced by this very silly book, and have allowed their tonsils to remain, swallowing all sorts of *pulmonary succedaneums, cough pills, and heart correctors*, heaven save the mark! when a little “common sense” would have taught them that it is just as easy to restore a badly-diseased tonsil to a “healthy condition,” as it is to restore a cancer to a healthy condition; and that the only danger is in allowing the diseased mass to remain in the throat, deranging and poisoning the whole system, as it is sure to do; and more than this, the local irritation or inflammation which it always excites, is almost certain, at an earlier or later period, to extend to the lungs and favor the premature development of consumption. If quackery flourishes the best by “persecution,” as it is said, we feel disposed, at all events, to give it the benefit of this notice.

A word in conclusion respecting the value of spirometrical observa-

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tions as it relates to life insurance companies. It has been shown that the stethoscope is incompetent to reveal incipient pulmonary tubercles, no matter how skilful the examiner, and it is a question how far the rates of insurance might be influenced by this new mode of examination.

Boston, Dec. 25, 1850.

## DISEASE OF THE PENIS—AMPUTATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The accompanying paper is the substance of a case reported, by request, to the Medical Association of this (Broome) County, at its last annual meeting. Should you consider it worthy a place in your widely-read Journal, its insertion will confer a favor on

Yours, &c.,

Lisle, N. Y., Dec. 20, 1850.

S. H. FRENCH.

About the middle of October, 1849, Mr. C. S., of Nanticoke, Broome Co., called on me for advice concerning his son, a child of  $3\frac{1}{2}$  years of age. He gave me the following history of the case. Some time in August preceding, the child began complaining of pain and smarting during micturition. For a few days no attention was paid to the complaint; but soon, the pain constantly increasing, the attention of the parents was called to the genital organs. They discovered nothing unusual, except a slight enlargement of the penis. Having business at a village a few miles distant, the father called, with the boy, on a physician, who prescribed some simple medicine, and recommended topically an evaporating lotion. As no benefit was derived from the treatment, a second physician was consulted. He also made a prescription, consisting of gunn Arabic, uva ursi, &c., together with the topical application of acetate of lead.

A short time after this last treatment had been instituted, the case came under my care. Upon examination, I found the penis to be elongated and club-shaped, and with, what I supposed, a congenital phymosis. Presuming the enlargement of the glans, as well as the pain on micturition, depended upon excoriation from retained urine and deranged secretion within the enlarged prepuce, I enjoined rest, soap and water injections, and evaporating lotions to the penis, and gave a dose of neutral salts, all with a view to prepare the case for an operation.

Oct. 20th.—The operation was performed by slitting up the prepuce on the dorsal aspect of the penis, to a sufficient extent, and attaching by the interrupted suture, the dermoid and mucous surfaces of each flap in the usual manner. Upon exposing the glans, to my utter astonishment the apex was found covered with a black slough to the extent of half an inch in diameter. The slough seemed recent, as there was no apparent discharge; neither was there any line of demarcation formed or forming. The prepuce, as is frequently found in children, was adherent quite extensively, which precluded so minute an examination of the glans as was desirable. Simple dressings were applied, with direc-

tions to remove them whenever the child voided urine. Rest in the horizontal position, and low diet, were strictly enjoined.

At my first visit subsequent to the operation, Oct. 22d, I ascertained that the child complained less during urination. The wound was doing well, but the glans was in no degree any better. The slough, instead of separating, had become moist, and discharged a thin sanies; its dimensions were increasing, and the glans penis was losing its natural polished surface. The child was restless, pulse accelerated, and other symptoms of constitutional disturbance were manifest. A gentle cathartic was ordered, and a charcoal poultice applied to the penis. The patient to take an anodyne *pro re nata*.

24th.—Prepuce healing; less constitutional disturbance; the slough, however, slowly yet surely increasing, and the glans increasing in size correspondingly. To-day it was observed that the orifice of the urethra did not exist at the centre of the slough, as supposed, but near a half inch above it and to the right side. The orifice being transverse, and so obscured by the extreme enlargement of the glans, it had entirely escaped notice heretofore. This discovery put an entire new face upon the matter. The question now arose, whether the disease had so distorted the glans as to place the orifice of the urethra in its present locality, or whether this was a malformation in form of a *nævus*. Upon again questioning the parents relative to the size of the penis from birth, they both said they *thought* the penis was uniformly larger and longer than other children's at his age; but this being their first and only child, they could hardly say whether there was anything unnatural or not. The color of glans and the absence of varicose veins probably was the cause why the case was not considered a *nævus* heretofore.

The poultices were continued; and as irritative fever began to manifest itself, the elixir vitriol and quinine were ordered.

27th.—The sutures were removed. The wound healing kindly. The ulcerated surface and the glans itself steadily increasing in dimensions. There had been, since my last visit, a slight hæmorrhage.

30th.—No material change, except the steady increase of the disease. The ulcerated surface is gradually becoming more convex, and rolling, somewhat, over the glans. The disease also gradually approaching the orifice of the urethra.

The case becoming more and more alarming, Nov. 4th, I requested counsel, and my friend Dr. P. B. Brooks, of Binghamton, was called. The subject of amputation was taken into consideration; but since there were strong reasons for considering the case a *nævus*, a hope was entertained that in due time the ulcerative process would cease, and the patient recover without amputation. The application of the nitrate of silver was advised, in addition to the treatment already instituted.

Nov. 8th and 13th. No improvement. The nitrate had been applied twice, with no other effect than to increase the rapidity of the ulceration.

18th.—The penis enlarged to an enormous size. The sloughing and ulceration fast approaching the orifice of the urethra. The wound from the operation entirely healed.

24th.—There being no amendment, a second consultation was advised. Drs. Hunt of Maine, and McCall of Centre Lisle, were called in. After a free interchange of opinions, the resort to amputation was further postponed, as a ray of hope was entertained that the disease would abate, and the child recover free from any mutilation by the hands of the surgeon.

28th.—The child evidently succumbing. The canal of the urethra beginning to be involved, as evinced by the symptoms following, viz., swelling and extreme pain in the testicles, pulse rapid, tongue red, night sweats profuse. I advised wine and animal broths to be taken freely, and applied muriate of ammonia in solution as a lotion to the testicles.

Dec. 5th.—The glans penis still enlarging; the surface of the ulcer, now about eighteen lines in diameter, convex and overlapping the contiguous glans. The cellular substance of the prepuce and entire penis becoming infiltrated. The testicles still swollen and painful. A second hæmorrhage had occurred.

8th.—The operation of amputation was now to my mind the only hope, and imperatively demanded. The state of the travelling was very bad, which rendered it peculiarly difficult to avail myself of the opinions of more of my professional brethren from a distance, and the chances for saving the little boy's life were rapidly diminishing. I therefore requested the assistance of Dr. Hemenway, of Whitney's Point, (whose efficient aid I have on many occasions availed myself of), and resolved, if his opinion coincided with mine, to amputate immediately. After due deliberation, the operation was performed. With one stroke of the bistoury the diseased mass was removed. The arteries were secured, and simple dressings applied.

11th.—The wound doing well; testicles evidently diminishing in size and tenderness. The inguinal glands (which I had forgotten heretofore to say, were very much enlarged and painful) also returning to their normal size.

16th.—Testicles nearly reduced to their natural size; night sweats less annoying; appetite returning. From this time the child rallied rapidly, and in a very short time every vestige of the disease was entirely obliterated, except the loss of about one third of the penis.

It will be remembered that the orifice of the urethra was described as being located at the right side of the penis. Now this relation obtained as high up as the amputation, and upon the healing of the wound, which was very rapid, the skin seemed to overlap somewhat the orifice in such a manner as to very much contract the calibre of the canal. Living many miles from my patient, I did not see him in time to avoid this difficulty.

Bougies were now used by the parents, through my advice, but they seemed only to irritate, and instead of being dilated, the canal actually became smaller. Many appliances were resorted to, but no improvement resulting, I had the little boy brought to my office in April succeeding, and by the aid of Dr. Hemenway the urethra was laid open sufficiently far back to admit the introduction of a silver tube. The tube was introduced, and made secure; the parts brought together around



it, and secured by means of collodion. The wound soon healed; and in order to secure the patient from any subsequent difficulty arising from contraction, he was recommended to wear it for several months. I am happy to state that at this time the boy is entirely cured.

#### CASE OF INJURY—EMPHYSEMA.

[Communicated for the Boston Medical and Surgical Journal.]

**FRIDAY, August 3, 1849.** Called to see Mr. D. B., aged 76, of good constitution, who had fallen from his waggon three days before and struck upon his head and shoulders. Found him with great difficulty of breathing; feeling of pressure through the chest; coughing very frequent; expectoration bloody, frothy mucus; pulse 120 per minute; fever high; tongue with a thin, white coat; great restlessness, and almost sleepless since the fall. The skin and cellular tissue filled full of air, from the scalp to the lower extremities. Eyes closed in consequence of the emphysema. The genitals also bloated since morning. The lower extremities cold. No abrasion or mark to be seen on the skin.

*Treatment.*—Venesection, though could not get over 8  $\frac{3}{4}$ , which was thick. Gave solution of tartar, as much as the stomach would bear, with 15 gts. tinct. aconite to a teacupful of the solution, a great spoonful once in two hours. As he had had no rest, gave 8 grs. Dover's powder, with 2 grs. calomel, once in six hours.

*August 4th.*—The symptoms the same. Gave a dose of salts. Other treatment the same.

*August 5th.*—Pulse 116, not as hard, and rather fuller. Tongue the same; cough not quite as frequent; expectoration the same; dyspnoea a little less; bloated the same; thirst less. Had slept some, but very restless.

*August 6th.*—Pulse 100; dyspnoea less; expectoration mucous; had a little good sleep the past night, and the swelling had subsided a little.

*August 7th.*—All the symptoms improved a little. From that time he gradually but slowly recovered, and at the end of two weeks the emphysema disappeared.

*Query.*—Was this bloated of wind from a rupture of the lung? There was no apparent fracture of any of the ribs. The case to me was new, not having seen or read of one like it before; therefore, I send it to you for publication.

CEPHAS R. TAYLOR.

*E. Hardwick, Vt., Dec. 21, 1850.*

#### MANGANESE IN ANÆMIC AND OTHER AFFECTIONS.

BY M. HANNON.

MANGANESE and iron are almost constantly found united in the same minerals, and can be separated with difficulty. Again, iron is not always efficacious in chlorosis, and fails in curing anæmia arising from cancers, from tubercles, from prolonged and abundant suppuration, &c.

In these cases, it cannot be the iron that is deficient in the blood, but some other ingredient; and it is probable that iron is united to manganese in the blood; and that cases of anæmia, unsuccessfully treated by iron, might be cured by manganese. M. Hannon first tried the effects of this agent on himself. He took at first a grain of the carbonate of manganese daily, increasing the dose to four grains by the end of the first week, and to eight grains by the end of the second. At the end of a fortnight, he experienced symptoms of plethora; the appetite increased, the pulse became stronger, and the color of the interior of the eyelids was heightened. He then administered manganese to some anæmic patients; some of them experienced nausea for two or three days, after which the medicine was tolerated. In a short time its beneficial effects became manifest in the increase of color, in the fuller and more frequent pulse, in the energetic movements, and general improvement of the functions.

The presence of manganese in the blood was discovered by M. Millon, who presented a memoir on the subject to the Académie des Sciences of Paris. His observations have been confirmed by M. Hannon.

[Several illustrative cases are given. The first mentioned is one of extreme chlorosis, in which the patient was sent into country air, and took iron for some time, without benefit. We are told that]

The patient was then directed to take one of the following pills daily before breakfast, and another before dinner: Extract of cinchona, carbonate of manganese, of each a drachm. Mix and divide into four-grain pills. After she had used these pills for a fortnight, the cheeks and conjunctivæ regained their color, and the swelling of the feet disappeared. The following pills were then ordered. Sulphate of manganese, carbonate of soda, of each a drachm; fresh charcoal, honey, of each a sufficient quantity to make a mass, to be divided into four-grain pills. A fortnight after the employment of this medicine, the bellows sound had disappeared; the pulsations of the heart were strong and loud; and an energetic impulse was felt on applying the hand. There was no syncope; and the appetite had returned. The dose of the pills was increased; and a month after, menstruation occurred, and the patient became plump, and able to bear much exertion. She digested and slept well—in a word, was cured.

[Another case is that of a young lady affected with phthisis.]

Iron with opium was prescribed; but it increased the cough and brought on obstinate constipation. Syrup of the phosphate of manganese was then given, with cod-liver oil; the latter being added rather to prevent the contact of air with the manganese, than from any expectation of its producing good effects. The constipation ceased; and the cough became more bearable, and ceased in a fortnight. The patient then began to recover *embonpoint*. A month after the knuckles assumed a very remarkable brick-red color, which has continued up to the present time—a period of nearly a year and a half. This patient took three gros (216 grains) of phosphate of manganese, in doses of three grains daily.

Madame R. was affected with cancer of the uterus. She complained

of remittent pain in the hypogastric region, and suffered much while at stool. In the evening she was troubled with severe lancinating pains, which often continued through the night. She was excessively weak, and of a pale yellow hue. She was troubled with palpitation, and a *bruit* was heard in the carotid. The feet frequently swelled. Syrup of the iodide of manganese was given with syrup of horse radish, for several months. The pains did not leave her, but the anæmic appearance completely disappeared. To calm the pains, opium, with extract of hemlock, was prescribed; and the patient became apparently cured.

Mademoiselle M., aged 14, of a scrofulous constitution, had glandular enlargements in the neck, ulceration of the transparent cornea of the left eye, and caries of the first phalangeal bone of the index finger of the right hand. Being the daughter of a peasant, she had lived exclusively on vegetable food; but was ordered to take meat and drink beer. Syrup of the iodide of manganese was given in doses of a spoonful two or three times a-day. Under the influence of this, and her improved diet, she became less lean; soon after, the cornea regained its transparency, having been washed with a lotion containing gr. ss. of nitrate of silver to an ounce of distilled water. The suppuration of the carious bone ceased, and the finger was cured.

M. G. B., aged 38, had been treated with mercury for some years, for constitutional syphilis. The bones were sound; the skin was affected with all kinds of eruptions; the tongue had long been the seat of an obstinate tumor; and there were syphilitic ophthalmia and iritis. Fumigation and iodide of potassium were persevered in for several months, but without effect. Iodide of manganese was then given, with sarsaparilla; and in a month the patient was completely healed. He was directed to continue the use of the manganese; and as he has not since applied for relief, it is probable that he has had no relapse.

These cases have been selected from a number of similar ones, and show the efficacy of the new remedy proposed. Manganese has in all cases produced a more rapid effect than iron, in cases of simple anæmia. In the forms of anæmia cited, all the cases had resisted iron, and all yielded to manganese. The other cases are respectively of phthisis, cancer, scrofula, and syphilis—all inducing almost irremediable cachexia, and all rapidly alleviated by manganese. The effects of the manganese, as observed in one case (phthisis), are remarkable. Iron seldom produces a similar result; if it improves the state of the blood, it increases the cough; so much so, that many practitioners abstain from its use in phthisical cases. In all the scrofulous cases, the iodide of manganese, by its salutary and rapid influence, was proved superior to the iodide of potassium. The persistence of the cures obtained by manganese, in comparison with those produced by iron, is very remarkable; no cases of relapse have been observed by M. Hannon. The quantity required to be taken in order to produce the desired result, is far from being so great as that of iron.—*London Journal of Medicine.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JANUARY 8, 1851.
 

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## EDITORIAL CORRESPONDENCE.

*From Alexandria to Grand Cairo (Continued).*—The Nile is a rapid, turbid river. The banks are so perpendicular that they appear as though cut down with a spade—allowing boats of the largest dimensions to glide within a foot of them. This indicates a very deep channel, which we have no means of sounding satisfactorily. At a distance from the banks, varying from a few rods to a mile, is a mud ridge, or embankment, perhaps upon the average 10 feet high, to prevent the swollen river, at its periodical rise, from flooding the country, which is lower than the banks of the river. Sluices are cut through, commanded by rude kinds of gates, through which the fields beyond are irrigated. There are, too, in some places, immense mud wall enclosures, in which the water is fenced in, to be let out as necessity requires, after the fall of the river. Wheels, on the periphery of which are earthen pots, geared in a manner to be turned by a single ox or ass, are seen all over lower Egypt, raising water from tanks, wells or the river. Men are also seen raising water, with various bungling contrivances. In short, one of the prime considerations with every inhabitant, is to get water, and it therefore constitutes a prominent subject of conversation. We stopped at a mud town for dates, where there were many large boats taking in cotton. The bazar was a short dirty street, covered over head with brush, to exclude the sun's rays. Onions, dates, tobacco, oranges, soft flat sheets of fresh bread, eggs and melons, were the principal articles of traffic—the sellers all sitting near their effects, smoking gravely while waiting for customers. Nearly all the females have tattooed chins. From the margin of the under lip to the under side of the chin, the India ink has been so freely inserted, as to look like a piece of blue ribbon, an inch in width. Some are marked with queer devices on their arms. This morning, Nov. 7th, we passed, as we often have before, small boats, crowded to their utmost capacity with men, women, children and donkeys. On some of the grain boats, lots of half naked persons are sleeping on and under coarse straw mats. When we come to a cut in the river bank for letting off the water, our sailors strip off their only garment, put it on their heads, leap in with a rope, and pull away again when on the opposite side. I am constantly struck with the resemblance of these long, slender-limbed natives, to the ancient pictures of them in mummy cases and tombs. All they require is a wig, which the ancient Egyptians wore, to be identically like them. Indeed, their costume, aside from the turban, and the manners of the people generally, are but slight deviations from the customs prevalent in the days of the Pharaohs. There are no insulated farm-houses in sight; the people invariably concentrate on the old mounds, which just keeps them above the water when it rises. To-day I saw a buffalo and camel yoked together, ploughing near the river. I have seen two cows drawing by the horns in Belgium, an ass and a cow in Switzerland, but this team exceeded all others for ludicrous effect. A pole full twelve feet long is laid across their necks, they being all of nine feet apart; in the middle a rope is made fast, attached to the apology for a plough. Our friends at the agricultural warehouse in Quin-

cy Market would be astonished, were they present, to see how a furrow can be turned up with such a strangely crooked stick, and about as well as it could be done with one of their beautiful, costly patent ploughs. The surface of the land looks baked by the sun, and not mellow. Where the crops are growing, the water stands in sheets, which makes a soft adhesive mud, in which the farmer stands up to his ankles. Stopped at a town on the east side of the river, where there was a perfect jam of naked children and vociferating women, urging the sale of their hot bread, round great mounds of coarse earthen ware, such as pans, water filters, and other kinds of dishes of the most primitive character. Afterwards sailed by long field of Indian corn; next, one of yams and other coarse vegetables. At short intervals were watering machines, wrought both by men and oxen, raising the Nile water into reservoirs for irrigating the growing crops. Many of them were similar to our New England farm-house well-poles—having baskets in lieu of buckets, through which half the water escaped before they were emptied. On the houses of another village, there were literally towers of dung, made into cakes the size of ordinary dining plates, drying for future use. This was their stock of fuel. To-day we passed buffaloes enjoying a bath in the Nile—every part of the creature but the eyes, face and nostrils under water. They called up the idea of the hippopotami, which we may yet see towards Nubia. Just at 4 o'clock, P. M., two of the largest Pyramids have come in sight. Had not the pilot informed us of their true character, they would have been taken for stacks of grain or hay, as we did not expect them at present. I am disappointed, exceedingly, in this first appearance of these objects of world-wide renown. But they are still at a great distance; though it is perpetually shortening, as Hassan says if the wind holds good we shall reach Boulac, the port of Cairo, by 9 o'clock this evening.

*Nov. 8th, Friday.*—Capricious, feeble winds wholly gave out about 8 o'clock last evening, which obliged the men to tow the boat with a line till near 10, when we pinned to the bank till just before sunrise. The sun rose in resplendent beauty—showing the glory of God in a manner to impress even a Moslem mind with sentiments of admiration. No wonder there were sun-worshippers on this side of the globe in the early history of man, if its rays darted off in an inimitable display of golden radiance like that which characterizes its rising and setting in our day, in Egypt. With a view of keeping ophthalmia at bay, the one dreaded malady, of universal prevalence in this valley, we have abandoned reading much by candle light. Hassan was called last night to relate his adventures, or rather to tell us where he had been—his profession being that of a guide in the East. An Englishman, or any one else capable of writing, who had seen one half that has greeted his eyes, would have been the author of thrilling octavos, long ago. Our boat proves a good sailer—hence, we begin to talk of continuing in it up to Thebes or the Cataracts beyond.

Discovering, some days since, two chickens bound by the legs, under deck, their pitiable condition led me to plead for their liberation; but the ligature had completely paralyzed a leg of each. I at once commenced a course of surgical treatment, the results of which were gratifying to the vanity of a medical man without business. Once or twice, the flexor muscles refusing to act, I was obliged in the evening to help one of them to re-roost, as the brisk-eyed fellow, a cock, would sometimes tumble off. Matters were progressing finely, and small as the circumstance may appear, it was a real pleasure to perceive a daily improvement in the feathered invalids. On

coming to the dinner table yesterday, to our astonishment, both of my patients were smoking hot from the pot! It was some gratification, that they were so tough that only one had his bones picked at that sitting.

The Pyramids are now in full sight, 9 miles off. A French engineer is constructing a strong, beautiful bridge across the river, where the water is both deep and swift. The arches are of large brick, neatly turned. Another appears to be building over the Damietta branch, as seen in the distance. Mud machines, all iron, worked by steam; pile drivers, and machinery of all kinds suitable for carrying on a heavy business; besides immense piles of stone, brick, timber and other materials, independently of laborers, soldiers, carts, horses, boats and mules, give the spot, for miles round, an active and bustling appearance. Six years, we are informed, have elapsed since the piers were commenced. This is the first bridge, it is believed, over the Nile. The undertaking indicates more ample resources and greater energy in the government than we have seen since leaving the Pacha's fleet at Alexandria. On making a visit to the embankments about the abutments of the bridge, to secure them from the assaults of the angry river god, when he finds these obstructing arches in the way of his floods, I fell in with one of the engineers, and some statistics were gathered from him respecting the bridge. It was commenced by Mahomet Ali, some years since, and a fear is entertained that it will never be finished. The diving bell is an extraordinary machine, with which 60 men at once are sunk to the river bed to drive piles, lay the foundation stones, &c. The water, at the lowest point, is 30 feet deep, and the mud 30 more below that, down through which the foundation for the pillar is sunk, in iron boxes, till its weight lodges on the firm bottom. The whole length of the piers, ready for receiving the arches, is 90 feet—30 above high water. Last season, 25,000 men were employed—at present, only 2,000, the Pacha having used up his funds in building and furnishing costly palaces in all directions. Every three months, the governor of a district is called upon for a certain number of villagers, for this public work. Of course, they are promiscuously impressed and sent down. Their daily pay is only equal to seven cents—finding their own food as they can. A judge has an office at the arsenal at the east end of the bridge, before whom the laborers are brought on all complaints. Two witnesses are sufficient to sustain a charge; and 50 lashes for a man and 25 for a boy is the ordinary sentence, which is instantly executed. A perpetual flogging is going on every day but the Mahometan Sabbath—to-day (Friday) being one—when all labor is suspended. The chief engineer, a Frenchman, has a salary of 25 purses a month, equal to 125 pounds sterling; the judge 12 pounds for keeping the peace! A ragged black fellow, half bare, above and below, ordered our boat from the pin in the mud, to which it was fast, waiting for wind—saying he was the Pacha's guard. I pointed to our stars and stripes at the peak, and told him to touch the line upon his peril. After much display of oratorical wrath, he intimated that a present would make all right, which he did not get. Wind finally came. The pyramids are becoming larger, the minarets of Cairo are in plain sight, and there is a fair prospect of reaching Boulac by dark.

*Grand Cairo, Saturday, Nov. 9th.*—We took apartments this morning at a hotel kept by a Frenchman, after riding from Boulac on donkeys. This is most truly an Arabian city. I know not where to begin commenting upon it, or where it will end after making a beginning. Some, indeed a majority of the streets, are only between four and seven feet wide, but the

Pacha is cutting a wide one through, moving the fronts of shops and houses without number, for a carriage drive. No remonstrance would avail against the sovereign will of a despot, who brooks no contradiction. He owns Egypt, the people being tenants at will. Little waggons, the wheels the size of a wheel-barrow's, about two feet wide, drawn by a single ox, are met with; but nearly all burdens are carried on camels or asses through the city, a cry going before, of "clear the way." Ladies are met, astride their animals, preceded by runners cracking a whip, followed by slaves. All who ride on horses or donkeys, however fast they go, are invariably accompanied by a runner on foot. Black eunuchs make the most imposing appearance of all equestrians I meet, as their office of taking care of the harems of the opulent and distinguished in the land, gives an importance to them.

*Dr. S. H. Smith's Introductory.*—A discourse, pronounced before the class of Starling Medical College, at the opening of the winter session of 1850-51, by S. Hanbury Smith, M.D., has been published and a copy received. The discourse is characterized by noble sentiment; the endeavor to impress on the mind of the young student the importance of *faith*, in order that success may follow his undertakings, would class the doctor as a second Cardinal Richelieu. "In the bright lexicon of faith, there is no such word as *fail*." The tribute to the memory of EDWARD JENNER, is most touching and beautiful, and could not have failed in producing a happy effect. Much pleasure was afforded us in reading this excellent address. It is hoped, that in the doctor's retirement from the College, and entering on the more onerous and responsible duties connected with the charge of the Ohio Lunatic Asylum, he may be quite as successful in producing a favorable impression upon its unfortunate inmates.

*American Medical and Surgical Journal.*—This is the name of another new Journal, which comes to us for exchange from Syracuse, N. Y. It is to be the organ to espouse the cause of the new system of eclecticism in that State and Pennsylvania. It being under the especial patronage of the Eclectic Societies of New York, and of the Faculties of the Pennsylvania and Syracuse Eclectic Medical Colleges, it is presumed it will *live and thrive* for a time at least. For the present, the issue will be monthly; but if *plenty of subscribers are furnished*, the promise is given of a weekly issue. It is to be conducted by Drs. S. H. Potter, of Syracuse, and Thomas Cooke, of Philadelphia, and will be published simultaneously in both of those cities.

*Vaginal Speculum.*—Mr. Haslam, of Harvard Place, Boston, is the inventor and manufacturer of an improved vaginal speculum. It is made of glass, and silvered on the outside; the silvering being covered over by gutta percha, makes it, of course, perfectly safe. The inside of the tube is a perfect mirror, and will reflect the light better than a metallic one; besides, there cannot be any danger of corrosion, either by the secretions or the substances used in medication. This speculum has been used by many of our best physicians for a year or two past, and has given the greatest satisfaction. Since the first ones were manufactured, the proprietor has made improvements upon them, in form, size and covering, but can still afford them at prices extremely moderate.



*A Prize for the best Practical Essay on Croup.*—At the last meeting of the Suffolk District Medical Society, the Secretary announced that he had been requested by a gentleman, not connected with the profession, to offer a prize of \$50 for the best practical essay on croup, including its treatment. The committee to whom the communications are to be sent, consists of Drs. Ware, Jeffreys, and E. H. Clarke. The offer remains open until July next.

*Professor of Chemistry in Harvard University.*—We learn that Mr. J. P. Cooke, the professor of Mineralogy, &c., in Harvard University, has been appointed Professor of Chemistry in place of Professor Horsford, and will enter upon his duties next fall. In the mean time he will make a tour through Europe for scientific improvement.

*Adulterated Drugs in New York.*—It is stated in the Newark Daily Advertiser, that Dr. M. J. Bailey, the first Examiner of Drugs for the port of New York, during nine months prior to his removal from office rejected 90,000 lbs. of various base drugs. For some reason, unknown to us, Dr. B. has been displaced. It is stated in the paper above alluded to, also in one or more of the New York papers, that efforts have been made for the restoration of Dr. B., on the ground of his superior qualifications, and the increased importation of adulterated drugs since his displacement.

*Medical Miscellany.*—Dr. W. B. Duggan, Collector of the Customs &c., in Quincy, Mass., has been removed from the office, which he has held for the last eight or nine years.—Within the past week there have died in this State, several persons whose age exceeded *one hundred years* each, besides quite a number above 80 or 90 years.—Prof. J. H. Armsby, of Albany, N. Y., has suffered severely recently from the effects of a dissection wound.—The whole number of deaths the last year in Boston may be stated at 3667, which is 1400 less than the year before.—The number of graduates in Castleton Medical College, at the close of the late autumnal session of lectures, was *twenty-eight*. The graduating class and audience assembled on the occasion, were entertained by an able and interesting address by C. C. P. Clark, M.D., of Middlebury.—The editor of the New York Medical Gazette upholds the medical faculty of Harvard University, in admitting to the lectures colored students intended for the Colony in Liberia.

**ERRATA.**—The word "hydrocele," as it occurred in the caption and in the first line of the interesting paper of Dr. Clark, in last week's Journal, should have been, as the observant reader must have noticed, printed *varicocele*.

**MARRIED.**—In Holden, Mass., James P. C. Cummings, M.D., of Leicester, to Miss Harriet V. Mann, of Holden.

**DIED.**—In Providence, R. I., Dr. William H. Allen, a graduate of Brown University in 1811, and for many years Surgeon of the U. S. Marine Hospital.

*Deaths in Boston*—for the week ending Saturday noon, Jan. 4th, 89.—Males, 42—females, 47. Inflammation of the bowels, 1—congestion of the brain, 1—burn, 2—consumption, 16—convulsions, 4—cancer, 1—croup, 2—dysentery, 2—diarrhoea, 1—drowned, 1—dropsy, 2—dropsy of the brain, 3—exhaustion, 1—erysipelas, 1—typhus fever, 6—typhoid fever, 1—lung fever, 6—hooping cough, 2—disease of the heart, 1—hemorrhage, 2—infantile, 8—inflammation of the lungs, 2—congestion of the lungs, 1—marasmus, 5—measles, 4—neuralgia, 1—old age, 2—pleurisy, 1—puerperal, 2—smallpox, 1—disease of the spine, 1—teething, 2—unknown, 1—worms, 2.  
Under 5 years, 42—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 9—over 60 years, 11. Americans, 39; foreigners and children of foreigners, 60.

*Rhode Island Medical Society.*—This Society held its semi-annual meeting at Providence, December 18th, 1850. Ten gentlemen were elected delegates to the meeting of the American Medical Association, to be holden at Charleston, S. C., in May next. Their names will be published in due season. Dr. Edwin M. Snow was elected a Fellow. Dr. Charles W. Parsons delivered the discourse, "on some remote effects of injuries of nerves," a copy of which was requested for publication. Several specimens of pathological anatomy were exhibited to the Society, by Drs. J. W. C. Ely and G. L. Collins. Measures were taken to distribute through the State copies of Dr. Worthington Hooker's Fiske Fund Prize Dissertation, entitled, "Lessons from the History of Medical Delusions." The Society adjourned to hold its quarterly meeting at Woonsocket, on the third Wednesday in March next.

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*The Norfolk District Medical Society,* consisting of all the members of the Mass. Medical Society residing in the County of Norfolk, was duly organized at a meeting of the Physicians of the County at Dedham, on Tuesday, the 19th Nov. The following gentlemen were chosen Officers of the Society:—Dr. Stimson, of Dedham, *President*; Dr. Howe, of Weymouth, *Vice President*; Dr. Jarvis, of Dorchester, *Secretary*; Dr. Woodward, of Quincy, *Treasurer*; Dr. Dickerman, of Medford, *Librarian*; Dr. Mann, of Foxboro', Dr. Stone, of Wrentham, *Committee of Supervision*. Dr. Jarvis, of Dorchester, was chosen to deliver an Address before the Society at its meeting on the second Wednesday in May next.

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*Remedy for Short Sight.*—Dr. Turnbull thus describes a process for treating short sightedness. "In the first instance I applied the extract of ginger, which was rubbed for five or ten minutes over the whole forehead, with the view of acting upon the branches of the fifth pair of nerves. Afterwards I substituted a concentrated tincture of ginger, of the strength of one part of ginger to two parts of spirit of wine, decolorised by animal charcoal. The success of this operation was remarkable. In many cases it had the effect of doubling the length of vision. In some persons I found the iris was not much dilated, but very torpid. In these cases I applied the concentrated tincture of pepper made of the same strength, and in the same manner as the tincture of ginger. This I used until I observed that the iris had obtained a greater power of contraction and dilation, after which I had again recourse to the tincture of ginger. This plan of treatment has been attended with the most signal success, and persons who were extremely short sighted have very soon been enabled to lay permanently aside their concave glasses."

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*American Phrenological Journal.*—This monthly Journal has just entered upon its 13th volume, the first number of which comes to us in a new dress and form. As usual, it is filled with useful and interesting matter. Its external appearance resembles that of the "*Water Cure Journal*," of which we had occasion to speak some weeks since, and which is issued from the same establishment. Messrs. Fowlers & Wells are truly industrious and energetic gentlemen, and deservedly receive an extensive patronage.